

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2013 AUG -7 AM 9:36

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 257

Check if different than previously reported. (ACC)

WALTERBORO

SC

29488

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00528661

3. IS THIS REPORT

✓ NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

✓ July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

M M / D D / Y Y Y Y

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

in the State of

5. Covering Period

01 ' 01 ' 2013

through

06 ' 30 ' 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BRIDGET L. MURRAY

Signature of Treasurer

Bridget Murray

Date

07 ' 26 ' 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X  
Rev. 12/2004

13031110135

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

<sup>M</sup> <sup>M</sup> ' <sup>D</sup> <sup>D</sup> ' <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
01 ' 01 ' 2013

To:

<sup>M</sup> <sup>M</sup> ' <sup>D</sup> <sup>D</sup> ' <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
06 ' 30 ' 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> 0000		, , 00.00
(b) Cash on Hand at Beginning of Reporting Period.....	, , 00.00	
(c) Total Receipts (from Line 19) .....	, , 00.00	, , 00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	, , 00.00	, , 00.00
7. Total Disbursements (from Line 31) .....	, , 00.00	, , 00.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	, , 00.00	, , 00.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 00.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

**01 ' 01 ' 2013**

To:

**06 ' 30 ' 2013**

## **I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

### 11. Contributions (other than loans) From:

#### (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

, , **00.00**

, , **00.00**

(ii) Unitemized .....

, , **00.00**

, , **00.00**

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

, , **00.00**

, , **00.00**

(b) Political Party Committees .....

, , **00.00**

, , **00.00**

(c) Other Political Committees

(such as PACs).....

, , **00.00**

, , **00.00**

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

, , **00.00**

, , **00.00**

### 12. Transfers From Affiliated/Other

Party Committees.....

, , **00.00**

, , **00.00**

### 13. All Loans Received .....

, , **00.00**

, , **00.00**

### 14. Loan Repayments Received.....

, , **00.00**

, , **00.00**

### 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

, , **00.00**

, , **00.00**

### 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

, , **00.00**

, , **00.00**

### 17. Other Federal Receipts

(Dividends, Interest, etc.).....

, , **00.00**

, , **00.00**

### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

, , **00.00**

, , **00.00**

(b) Levin Funds (from Schedule H5).....

, , **00.00**

, , **00.00**

(c) Total Transfers (add 18(a) and 18(b))..

, , **00.00**

, , **00.00**

### 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

, , **00.00**

, , **00.00**

### 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

, , **00.00**

, , **00.00**

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	, , 0000	, , 0000
(ii) Non-Federal Share.....	, , 0000	, , 0000
(b) Other Federal Operating Expenditures .....	, , 0000	, , 0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	, , 0000	, , 0000
22. Transfers to Affiliated/Other Party Committees.....	, , 0000	, , 0000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	, , 0000	, , 0000
24. Independent Expenditures (use Schedule E) .....	, , 0000	, , 0000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	, , 0000	, , 0000
26. Loan Repayments Made.....	, , 0000	, , 0000
27. Loans Made.....	, , 0000	, , 0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	, , 0000	, , 0000
(b) Political Party Committees .....	, , 0000	, , 0000
(c) Other Political Committees (such as PACs).....	, , 0000	, , 0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	, , 0000	, , 0000
29. Other Disbursements .....	, , 0000	, , 0000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	, , 0000	, , 0000
(ii) "Levin" Share.....	, , 0000	, , 0000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	, , 0000	, , 0000
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	, , 0000	, , 0000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	, , 0000	, , 0000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	, , 0000	, , 0000

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## III. Net Contributions/Operating Expenditures

### COLUMN A Total This Period

### COLUMN B Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	,	,	00.00	,	,	00.00
34. Total Contribution Refunds (from Line 28(d)) .....	,	,	00.00	,	,	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	,	,	00.00	,	,	00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	,	,	00.00	,	,	00.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,	00.00	,	,	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	,	,	00.00	,	,	00.00

13031110139

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		, , .	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

B.		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		, , .	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

C.		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		, , .	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

, , 00.00  
, , 00.00

13031110140

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

, , .

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

, , .

SUBTOTAL of Disbursements This Page (optional).....▶

, ,

0000

TOTAL This Period (last page this line number only).....▶

, ,

0000

13031110141

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding: , , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding: , , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding: , , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding: , , .

SUBTOTALS This Period This Page (optional) ▶

, , 00.00

TOTALS This Period (last page in this line only) ▶

, , 00.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>00528661</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____, _____, _____	
Mailing Address		Interest Rate (APR) _____%	
City _____ State _____ Zip Code _____		Date Incurred or Established ____/____/____ M M / D D / Y Y Y Y	
		Date Due ____/____/____ M M / D D / Y Y Y Y	
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred ____/____/____ M M / D D / Y Y Y Y</p> <p>B. If line of credit,      Total Outstanding Balance: _____, _____, _____</p> <p>Amount of this Draw: _____, _____, _____</p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <p>What is the value of this collateral? _____, _____, _____</p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <p>What is the estimated value? _____, _____, _____</p> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: ____/____/____ M M / D D / Y Y Y Y</p> <p>Location of account: _____ Address: _____ City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE ____/____/____ M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE ____/____/____ M M / D D / Y Y Y Y	
Title _____			

13031110143

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE **9** OF **10**  
 FOR LINE NUMBER:  
 (check only one)

NAME OF COMMITTEE (In Full)

**URBAN PROGRESS POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	,	,	00.00
2) TOTALS This Period (last page this line number only)..... ▶	,	,	00.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	,	,	00.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	,	,	00.00

13031110144

PAGE	OF
FOR LINE 24 OF FORM 3X	

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶					0000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶					0000
(c) TOTAL Independent Expenditures.....▶					0000

Bridget Murray  
Signature

Date 07 / 26 / 2013

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <b>URBAN PROGRESS POLITICAL ACTION COMMITTEE</b>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
			City	State	ZIP Code

  

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						

  

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						

  

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y		
City		State		Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount		
Aggregate General Election Expenditure for this Candidate ▶						

  

SUBTOTAL of Expenditures This Page (optional).....▶						00.00
TOTAL This Period (last page this line number only).....▶						00.00

13031110146

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

☒

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

13031110147

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>

13031110148

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative ..... , , .

ii) Generic Voter Drive ..... , , .

iii) Exempt Activities ..... , , .

iv) Direct Fundraising (List Activity or Event Identifier)

a) ..... , , .

b) ..... , , .

c) Total Amount Transferred For Direct Fundraising ..... , , .

v) Direct Candidate Support (List Activity or Event Identifier)

a) ..... , , .

b) ..... , , .

c) Total Amount Transferred For Direct Candidate Support ..... , , .

vi) Public Communications Referring Only to Party (Made by PAC) ..... , , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) ..... , , 00.00

TOTAL This Period (Generic Voter Drive) ..... , , 00.00

TOTAL This Period (Exempt Activities) ..... , , 00.00

TOTAL This Period (Direct Fundraising) ..... , , 00.00

TOTAL This Period (Direct Candidate Support) ..... , , 00.00

TOTAL This Period (Public Communications Referring Only to Party) ..... , , 00.00

TOTAL This Period (Total Amount Transferred) ..... , , 00.00

13031110149

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)  
URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	,   ,   . M M / D D / Y Y Y Y Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
, , .		, , .	, , .

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	,   ,   . M M / D D / Y Y Y Y Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
, , .		, , .	, , .

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/ Type	,   ,   . M M / D D / Y Y Y Y Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
, , .		, , .	, , .

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
, , 00.00		, , 00.00	, , 00.00
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))			
FEDERAL SHARE		NONFEDERAL SHARE	TOTAL AMOUNT
, , 00.00		, , 00.00	, , 00.00

13031110150



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

VOTER ID

**ii) Voter ID**

Total Amount Transferred for Voter ID.....

, , .

GOTV

**iii) GOTV**

Total Amount Transferred for GOTV.....

, , .

GENERIC CAMPAIGN ACTIVITY

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

, , .

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

, , .

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .

VOTER ID

**ii) Voter ID**

Total Amount Transferred for Voter ID.....

, , .

GOTV

**iii) GOTV**

Total Amount Transferred for GOTV.....

, , .

GENERIC CAMPAIGN ACTIVITY

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

, , .

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

, , 00.00

TOTAL This Period (Voter ID).....

, , 00.00

TOTAL This Period (GOTV).....

, , 00.00

TOTAL This Period (Generic Campaign Activity).....

, , 00.00

TOTAL This Period (Total Amount of Transfers Received).....

, , 00.00

13031110151

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Date

M M / D D / Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Date

M M / D D / Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Date

M M / D D / Y Y Y Y

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

00.00

00.00

00.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

00.00

LEVIN SHARE

00.00

TOTAL This Period for the Levin Share

00.00

13031110152

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) URBAN PROGRESS POLITICAL ACTION COMMITTEE		
NAME OF ACCOUNT		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	, , 00.00	, , 00.00
(b) Unitemized .....	, , 00.00	, , 00.00
(c) Total .....	, , 00.00	, , 00.00
2. OTHER RECEIPTS.....	, , 00.00	, , 00.00
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	, , 00.00	, , 00.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	, , 00.00	, , 00.00
(b) Voter ID.....	, , 00.00	, , 00.00
(c) GOTV .....	, , 00.00	, , 00.00
(d) Generic Campaign.....	, , 00.00	, , 00.00
(e) Total.....	, , 00.00	, , 00.00
5. OTHER DISBURSEMENTS.....	, , 00.00	, , 00.00
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	, , 00.00	, , 00.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	, , 00.00	, , 00.00
8. RECEIPTS ..... (from Line 3)	, , 00.00	, , 00.00
9. SUBTOTAL ..... (Add Lines 7 and 8)	, , 00.00	, , 00.00
10. DISBURSEMENTS..... (From Line 6)	, , 00.00	, , 00.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	, , 00.00	, , 00.00

13031110153

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

, , 00.00  
, , 00.00

13031110154

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
 (check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period , ,
City	State	Zip Code	
Purpose of Disbursement			
B. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period , ,
City	State	Zip Code	
Purpose of Disbursement			
C. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period , ,
City	State	Zip Code	
Purpose of Disbursement			
D. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period , ,
City	State	Zip Code	
Purpose of Disbursement			
E. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period , ,
City	State	Zip Code	
Purpose of Disbursement			

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

00.00  
00.00

13031110155

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered

Date of Receipt

☒ USPS First Class Mail

Postmarked

7/27/13

☐ USPS Registered/Certified

Postmarked (R/C)

☐ USPS Priority Mail

Postmarked

☐ USPS Express Mail

Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery ☐

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

  
PREPARER

(7/2013)

8/7/13  
DATE PREPARED

13031110156